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AUTHOR	Harrington, Ann-Marie, Ed.; Walsh, Catherine Boisvert, Ed.; Bryant, Elizabeth Burke, Ed.
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ABSTRACT

This report of the Rhode Island Kids Count organization details the state's infant and preschool child care, components of quality care, and state policies to increase the supply of quality care. The report begins with a discussion of the importance of providing good quality child care to enhance healthy child development, especially brain development. This section describes types of infant and preschool child care, the benefits of early care and education for low-income children, and Head Start accessibility. Quality child care is described as linked to wages and benefits, licensing, accreditation, professional development, staff qualifications, child to staff ratios, group size, and caregiver stability. Also discussed is the connection of quality child care with successful welfare reform. The report delineates by city/town and for the state as a whole the percent of eligible children enrolled in Head Start and children under 6 years enrolled in the Family Independence Plan and the number of licensed child care slots for children under 6 years. In addition, the report outlines state policy changes aimed at increasing the supply of quality care. The report describes quality child care in Rhode Island as linked to (1) affordability; (2) improving child care subsidy systems; and (3) an adequately funded early care and education system. The report concludes with contact information for several Rhode Island organizations committed to promoting quality child care. Contains 13 references. (KB)

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CHILD CARE IN RHODE ISLAND:

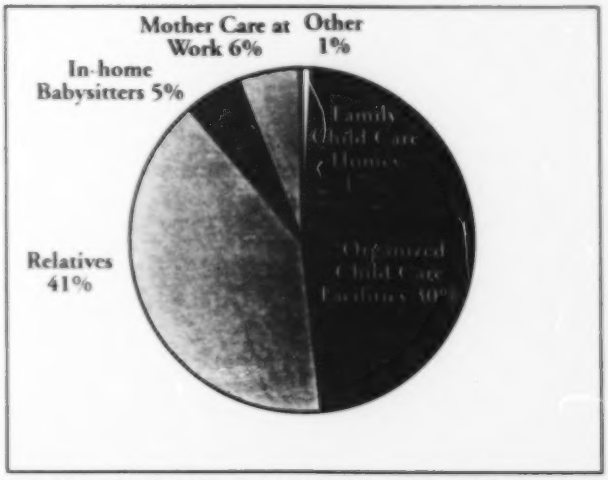
CARING FOR INFANTS AND PRE-SCHOOL CHILDREN

Child care has become a fundamental need for Rhode Island families over the past two decades. In Rhode Island, 59% of mothers in the labor force have a youngest child under age 6. Nearly 49,000 Rhode Island infants and pre-school children are in need of some form of child care. Nationally, almost half of all employed mothers use either organized child care or family child care homes for their young children (*see Fig. 1*). There is a relatively low supply of quality child care, especially for infants and young children, children with disabilities and special health care needs, and parents with unconventional or shifting work hours.

Early care has long-lasting effects on how children learn and develop, cope with stress, and handle their emotions. Well-designed programs promote healthy cognitive, emotional, and social development. All programs for young children should include both quality education and nurturing care. Developmentally-appropriate learning experiences and stimulation are important for even the youngest infants. Good quality child care nurtures the child and stimulates the developing brain. The quality of early child care has a significant impact on child well-being, ability to learn, and readiness for school.

Fig. 1

PRIMARY CHILD CARE ARRANGEMENTS USED BY EMPLOYED MOTHERS WITH YOUNGEST CHILD UNDER AGE 5, U.S., 1993



Source: Current Population Reports, Survey of Income and Program Participation, 1993
**Organized child care facility is a day care center, a nursery school, or a pre-school.*

ELEMENTS OF QUALITY CHILD CARE

The Carnegie Corporation's *Starting Points: Meeting the Needs of Our Youngest Children* reports that the following standards should be addressed to ensure quality child care:

CHILD TO STAFF RATIOS

The single most important factor in quality child care is the relationship between the child and the caregiver. Studies on staff ratio show that when adults have fewer children to care for, the children's verbal proficiency improves. A 1995 study concluded that states with less stringent standards had a greater number of low-quality centers and that quality is directly associated with higher staff-to-child ratios.

GROUP SIZE

Limiting the total number of children in one group or classroom has positive effects on child development, especially for very young children. Studies have shown that when group sizes become too big, caregivers spend more time trying to manage behavior than attending to children's individual needs.

PREPARATION AND QUALIFICATIONS OF STAFF

Research suggests that children whose caregivers have higher formal education and more specialized training perform better on tests of cognitive and language development than do children who are cared for by under-trained individuals.

CAREGIVER STABILITY

Children who receive care from a small number of consistent providers can be better adjusted in the first grade and over the long term. A 1990 study found that staff wages were the most important predictor of overall quality of care and staff turnover. High staff turnover interferes with the bonding of children to caregivers. Developing a child's sense of trust is necessary for children's emotional and cognitive development.

QUALITY CARE IS LINKED TO HEALTHY CHILD DEVELOPMENT

Two recent national studies of center-based child care and family child care homes found that significant numbers of children in child care programs are receiving mediocre or poor quality care. Only one in six children was receiving high quality care.

- Regardless of family income and mother's education, quality child care enhances child development and poor care impairs it. Compared to children in lower-quality child care settings, children in higher-quality settings have more advanced language and pre-math skills, more advanced social skills, more positive attitudes toward their child care experiences, and warmer relationships with their teachers.

- Children in poor families have a greater need for more comprehensive and high quality child care services. Studies show that children in poor families are nearly one-third more likely to suffer either from delays in growth and development, a learning disability, or a significant emotional or behavioral problem. Yet, children from low-income and moderate-income families are disproportionately represented in programs that are the least likely to meet quality standards.

- Quality child care can promote school readiness by supporting physical health, self-confidence, and social competence. Readiness is not determined solely by the innate abilities and capacities of young children. Readiness is shaped by the people and environments in the early childhood years.

QUALITY CARE IS LINKED TO BRAIN DEVELOPMENT

Recent research indicates that the experiences and interactions a child has during the first three years of life have a decisive impact on brain development. With every interaction thousands of connections among brain cells are formed or strengthened, adding complexity to the intricate "wiring" that will remain in place for the rest of the child's life.

- Positive stimulation from the time of birth has a significant positive impact on a child's development; adverse experiences at this age can have long-lasting negative impact on the developing brain.

- There are optimal periods of time in which the brain is particularly efficient at specific types of learning. A child's brain also has the ability to compensate for problems when intervention occurs early in life.

- Environmental factors, such as child care, nutrition, stimulation, living environment, and social interaction influence the general direction of development and specifically affect the circuitry of the brain.

QUALITY CHILD CARE IS LINKED TO...

..WAGES AND BENEFITS

Recruiting and retaining high quality staff requires higher compensation and benefits than are currently provided. Child care providers are among the lowest paid workers in the labor market. Experienced child care providers frequently leave their jobs because of low salaries and inadequate benefits. Studies show that annual turnover for child care providers is nearly three times the rate reported for U.S. companies as a whole and nearly five times the rate reported for public school teachers. Parents whose children attend programs with high staff turnover worry more about their children, feel less adequate as parents, and miss their child more while at work. When staff turnover is high, children's language and social development suffer.

...LICENSING

The safety and healthy development of children require quality standards for the licensing and regulation of child care providers, including family child care homes. Licensing standards focus on maintaining children's health and safety, setting staff-child ratios and group sizes that support child development, and setting minimum staff training requirements.

...ACCREDITATION

Evidence shows that centers that go beyond meeting basic licensing requirements to seek accreditation are often among the higher quality child care centers within their communities. Many provide better ratios and group sizes, better compensation, reduced rates of staff turnover, and an enriched multi-cultural focus. The National Association for the Education of Young Children (NAEYC) accreditation standards are based on research showing that children benefit emotionally, socially, and cognitively when centers demonstrate: developmentally-appropriate curriculum; low staff-to-child ratios; small group sizes; higher levels of staff education and training; low staff turnover; and higher levels of staff compensation.

...PROFESSIONAL DEVELOPMENT

A staff with more formal education and specialized early childhood training provides better quality services for children and families. Trained staff understand how children grow and learn and how to work effectively with families. According to the Harvard Family Research Project, professional training is particularly effective when:

It is *systemic*: Providers gain credentials that in turn are linked to compensation or transfer to other career pathways.

It is *comprehensive*: Providers learn about child and family development as well as topics related to management and child care policies affecting their work.

It is *reinforcing*: Providers form networks of support and engage in continuous learning from their peers.

It is *continuous*: Providers advance from basic to more specialized knowledge and skills, and in the process become mentors to others.

POLICY CHANGES AIMED AT INCREASING THE SUPPLY OF QUALITY CARE IN RI

REIMBURSEMENT RATES

The reimbursement rates paid by states to providers who provide child care for low-income children have not kept pace with the cost of quality child care. Rhode Island lawmakers took action to begin to address this problem by passing Article 34 of the State Budget in the 1997 legislative session. Article 34 raises the child care reimbursement rates over the next 3 years. Reimbursement rates for licensed child care centers and certified family child care providers paid by DHS will be incrementally increased to the 75th percentile of weekly market rates by the year 2000. Beginning in June of 1998 and every two years, the Department of Labor and Training will conduct an independent survey of the current weekly market rates for child care in Rhode Island.

HEALTH INSURANCE FOR CHILD CARE PROVIDERS

Rhode Island is now offering paid health insurance to licensed family child care home providers who care for children who receive state child care aid. These providers can enroll in the state's RIte Care health insurance program. Rhode Island is one of the only states offering health and dental insurance to licensed, home-based providers.

TYPES OF EARLY CARE AND EDUCATION PROGRAMS

CENTER-BASED CHILD CARE

The child is cared for in a group setting. Centers can be in specially built facilities, offices, or churches. Child care centers are licensed by the Department of Children, Youth and Families (DCYF). Programs can apply for accreditation through the National Association for the Education of Young Children.

FAMILY CHILD CARE HOMES

The child is cared for by a provider in the provider's home with children of varying ages. Family child care homes are certified by DCYF every two years.

IN-HOME CARE

The child is cared for by someone who comes into the parent's/caretaker's home on a regular basis. This could be a nanny, a baby-sitter, or a relative.

EARLY HEAD START

Early Head Start is a family-focused program for low-income children ages birth to three. In 1996, there were 108 RI infants and toddlers enrolled in the program statewide.

HEAD START

Head Start is a comprehensive early childhood development program for low-income preschool children, primarily ages 3-5. In 1996, there were 2,365 RI children enrolled in Head Start. Six of Rhode Island's eight Head Start programs offer full-day programs and three offer full-year programs.

PRE-KINDERGARTEN/NURSERY

Pre-Kindergarten and nursery schools enroll children under the age of five. They usually operate in the mornings and early afternoons, 2-5 days a week.

KINDERGARTEN

Public and private kindergartens enroll children who are 5 to 7 years old. They can be full or part-day programs. Some schools offer extended-day kindergarten programs that provide after-school child care.

QUALITY CHILD CARE IS LINKED TO SUCCESSFUL WELFARE REFORM

Recent changes in welfare law linking cash assistance to work or participation in work readiness programs will mean additional children in need of quality child care. As changes to welfare are implemented across the country, Rhode Island is the only state that will ensure access to subsidized child care for all working families. This child care must be safe and enriching to allow children to thrive and it must be stable to enable parents to enter and remain in the workforce.

- Even as child care subsidies become available, there is a structural shortage of quality licensed child care centers and certified family child care homes necessary to meet the increased demand for child care generated by welfare reform (see Table 1). Under the Rhode Island Family Independence Act, a parent with a youngest child under age 1 is exempt from the work requirement; appropriate child care must be made available for all children under age 12 before a parent is required to participate in any work or education activity. As of July 30, 1997 there were 12,762 children ages 1 to 5 receiving cash benefits through the Family Independence Plan (FIP).

- Seventy-two percent of young children ages 1 to 5 enrolled in the Family Independence Plan reside in the five core cities of Providence, Central Falls, Pawtucket, Newport, and Woonsocket. Table 1 shows the significant shortage of child care center slots and family child care home slots in these communities.

- In 1993 in the US, 41% of families with employed mothers of preschoolers relied on relatives for their child care arrangements. Low-income families tend to be more reliant on relative care than families with greater financial resources. Research from the Rockefeller Foundation's Minority Female Single Parent Program found that when formal care was offered, low-income women will use it, relying less on relative care and other informal arrangements.

- Research shows that the quality of a child's environment and social interactions from birth to age three affects brain development, producing lifelong impacts on learning, social skills, and mental health. Families need reliable child care options for their youngest children. Child care needs to be high quality, reliable, and family-centered – nurturing positive relationships between caregivers and children, providing stimulation and learning experiences for children, and creating a supportive environment for families.

- High-quality early care and education services are least available to those whose children would derive the greatest benefit from them – low-income families. In 1995, only 45% of 3 to 5 year olds from low-income families were enrolled in early care and education programs in the U.S. compared with 71% of those from high-income families.

EARLY CARE AND EDUCATION BENEFITS LOW-INCOME CHILDREN

- Children most at risk of school failure are those most likely to benefit from quality pre-school programs. Research indicates that low-income children who attend high-quality early childhood education programs score higher on achievement tests, earn higher grade-point averages, and are more likely to complete high school.

- Children in poor families have a greater need for more comprehensive and high quality child care and early education services. Studies show that children in poor families are nearly one-third more likely to suffer either from delays in growth and development, a learning disability, or a significant emotional or behavioral problem.

- High-quality early care and education services are least available to low-income families whose children would derive the greatest benefit from them. In 1995, only 45% of 3 to 5-year-olds from low-income families were enrolled in early care and education programs in the U.S. compared with 71% of 3 to 5-year-olds from high-income families.

- The Committee on Economic Development reported in 1991 that for every dollar spent on a comprehensive and intensive pre-school program for the disadvantaged, society saves up to $6 in the long-term costs of welfare, remedial education, teen pregnancy and crime.

ACCESS TO HEAD START IN RHODE ISLAND

- In Rhode Island, 2,369 children are enrolled in Head Start, 41% of eligible 3 and 4-year-olds.

- None of the five communities with the highest percentages of child poverty are able to enroll all 3 and 4-year-old children who are eligible for Head Start:

  Newport serves 68% of eligible children; Woonsocket serves 43%; and Providence serves 34%.

  Pawtucket and Central Falls are significantly underserved, each with less than 16% of eligible 3 and 4-year-old children enrolled.

- For the state as a whole, 16 communities enroll fewer than 50% of eligible 3 and 4-year-olds.

HEAD START

Head Start is a comprehensive early childhood development program for low-income preschool children, primarily ages three to five, and their families. Most children in the program attend for one year and are four years old.

Children living in families with incomes below 100% of the federal poverty line are eligible for Head Start. Up to 10% of enrolled children can have a family income above the poverty line with priority given to children with special needs.

The Head Start program is designed to provide low-income children with the socialization and school-readiness skills they need to enter public schools on an equal footing with more economically advantaged children. The program seeks to not only assist children in low-income families, but also to help their families achieve self-sufficiency.

In response to research indicating that the period from birth to age three is critical to healthy growth and development and later school success, Head Start now offers a program for pregnant women and their infants and children up to age three. Four of the eight Rhode Island Head Start programs offer Early Head Start services to a total of 204 families.

Recent reauthorizations of Head Start at the federal level place high priority on increasing quality, expanding to serve a greater percentage of eligible children, and strengthening collaborative efforts between Head Start and providers of child care and early education services.

PERCENT OF ELIGIBLE CHILDREN AGES 3 AND 4 ENROLLED IN HEAD START, RHODE ISLAND, 1997

City/Town	Estimated Eligible Children Aged 3&4	Number of Children Enrolled in Head Start	% of Eligible 3& 4 Year Olds Enrolled
Barrington	6	0	0%
Bristol	42	29	69%
Burrillville	27	29	100%
Central Falls	309	43	14%
Charlestown	11	9	79%
Coventry	72	41	57%
Cranston	222	194	87%
Cumberland	48	8	17%
East Greenwich	15	4	26%
East Providence	176	75	43%
Exeter	7	3	43%
Foster	3	2	67%
Glocester	10	17	100%
Hopkinton	16	9	55%
Jamestown	2	1	43%
Johnston	70	29	42%
Lincoln	32	8	25%
Little Compton	2	4	100%
Middletown	31	39	100%
Narragansett	28	19	68%
Newport	213	145	68%
New Shoreham	2	0	0%
North Kingstown	64	39	61%
North Providence	90	45	50%
North Smithfield	5	5	94%
Pawtucket	635	98	15%
Portsmouth	12	16	100%
Providence	2,621	897	34%
Richmond	11	5	47%
Scituate	11	4	36%
Smithfield	15	10	65%
South Kingstown	33	28	84%
Tiverton	24	24	100%
Warren	35	26	75%
Warwick	218	122	56%
Westerly	73	47	64%
West Greenwich	6	2	35%
West Warwick	148	109	73%
Woonsocket	423	184	43%
Core Cities	4,200	1,367	33%
Remainder of State	1,569	1,002	64%
Rhode Island	5,769	2,369	41%

Source: Rhode Island Head Start Programs, children enrolled on October 1, 1997; U.S. Department of Health and Human Services, Region 1, Administration on Children, Youth and Families; and Rhode Island Department of Human Services INRHODES Data Tapes, December 1, 1995-1997. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

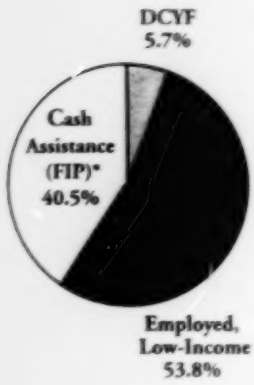
CHILDREN UNDER 6 ENROLLED IN FAMILY INDEPENDENCE PLAN (FIP), RI, 1997 AND NUMBER OF LICENSED CHILD CARE SLOTS FOR CHILDREN UNDER 6, RI, 1997

	INFANT/TODDLERS		PRESCHOOL		BIRTH TO AGE 12
City/Town	# 1 & 2 year olds in FIP	#Child Care* Center Slots < age 3	# 3-5 year olds in FIP	#Child Care* Center Slots ages 3-5	#Certified* Family Child Care Home Slots
Barrington	2	72	3	174	54
Bristol	39	49	52	104	66
Burrillville	20	0	40	69	67
Central Falls	262	0	395	90	43
Charlestown	14	14	19	18	26
Coventry	52	48	89	161	155
Cranston	207	210	320	673	396
Cumberland	54	54	72	86	154
East Greenwich	14	155	22	318	33
East Providence	151	176	240	503	169
Exeter	4	15	4	47	12
Foster	5	19	6	42	11
Glocester	13	16	11	20	46
Hopkinton	18	0	25	0	38
Jamestown	3	9	5	20	34
Johnston	79	65	106	277	132
Lincoln	30	88	50	229	73
Little Compton	2	0	0	0	0
Middletown	22	110	42	270	27
Narragansett	22	31	29	103	31
Newport	190	71	299	246	40
New Shoreham	1	0	2	0	0
North Kingstown	48	113	70	361	108
North Providence	78	60	127	158	131
North Smithfield	8	0	9	0	64
Pawtucket	546	176	864	364	290
Portsmouth	8	71	12	88	46
Providence	2,127	777	3,581	2,044	982
Richmond	13	3	9	17	40
Scituate	9	12	11	76	4
Smithfield	10	117	25	268	41
South Kingstown	26	140	52	294	99
Tiverton	18	25	20	105	47
Warren	31	10	46	96	36
Warwick	191	374	298	1,069	353
Westerly	55	72	88	245	28
West Greenwich	1	55	5	79	5
West Warwick	142	147	214	365	99
Woonsocket	404	90	581	323	148
Core Cities*	***3,529***	***1,114***	***5,720***	***3,067***	***1,503***
Remainder of State	***1,390***	***2,330***	***2,123***	***6,335***	***2,625***
Rhode Island	***4,919***	***3,444***	***7,843***	***9,402***	***4,128***

** Not all slots are available to children with state subsidies*

*Source: Options for Working Parents, September 30, 1997; Rhode Island Department of Human Services, INRHODES Data Tapes, July 30, 1997 **Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.*

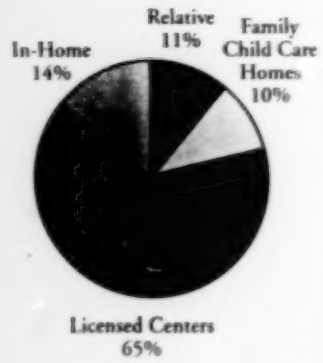
CHILD CARE SUBSIDIES, BY FAMILY TYPE, RI SEPTEMBER 1997



n= 6,435; Source: Rhode Island Department of Human Services, September 1997

**Families receiving cash assistance through the Rhode Island Family Independence Plan.*

CHILD CARE SUBSIDIES, BY PROVIDER TYPE, RI MARCH 1997



n=6,625; Source: Rhode Island Department of Human Services, March 12, 1997

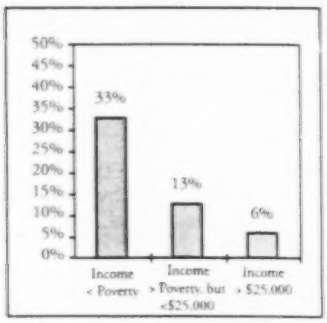
- As of March 1997, 70% of the 6,625 subsidies were for children under the age of 6 and 72% were for full-time (over 20 hours a week) child care.

QUALITY CARE IS LINKED TO AFFORDABILITY

In 1997, the State of Rhode Island spent $20.1 million in state and federal funds on child care, mostly to fund child care subsidies for low-income working parents. Rhode Island state and federal child care expenditures for 1998 are estimated at $25.1 million. (These figures do not include federal and state funding for Head Start.) Rhode Island has made child care subsidies an entitlement for low-income working families and for families receiving cash assistance through the Family Independence Plan.

- Low-income working families (up to 185% of poverty: $24,660 for a family of three) are eligible for a child care subsidy program in which the parent pays a portion of the child care cost. Single parents must be working at least twenty hours per week and two-parent families must both be working.
- Parents receiving cash assistance who are working, or participating in education, training or work-related activities will be provided with child care at no cost.

PROPORTION OF INCOME SPENT ON CHILD CARE BY FAMILY INCOME LEVEL, U.S., 1990



Source: D. Phillips and A. Bridgman (eds.). New Findings on Children, Families, and Economic Self-Sufficiency (1995). Washington, DC: Institute of Medicine.

- The less families earn the higher the proportion of income is spent on child care. The cost of full-time care is often the largest expense, after housing, for working parents who need full-time care for their children.

IMPROVING CHILD CARE SUBSIDY SYSTEMS

The National Center for Children in Poverty recommends several goals in managing subsidy systems. These goals include the following:

- *Increase families' access to the system of subsidized care.* Advertise the availability of child care subsidies for low-income families, encourage parents to take advantage of them, and make it easy for parents to apply.
- *Maintain enough subsidized child care settings to meet the demand* and use several different approaches to increase supply, while ensuring quality.
- *Ensure that subsidized care is of high quality* by educating parents on how to identify quality care, monitoring providers, and creating incentives to meet quality standards.
- *Provide a continuity of care and a choice of providers to all eligible families.* Minimize disruptions in care due to changes in a family's structure or income.

QUALITY CHILD CARE IS LINKED TO AN ADEQUATELY FUNDED EARLY CARE AND EDUCATION SYSTEM

♦ Seventy-five percent of all funding for early care and education services in this country comes from the families that use them. Public funds for preschool programs from federal, state, and local government constitute the remaining one-quarter of the resources.

♦ Existing investments in early care and education come primarily through federal and state grants and tax code provisions. Federal funding for Head Start and the Child Care and Development Block Grant is targeted to low-income families and is supplemented with funding from the State of Rhode Island. After Head Start, the second largest federal resource devoted to child care comes through the income tax codes. The federal Child and Dependent Care Tax Credit and the federal Dependent Care Assistance Plan (also called the flexible spending account) provide tax credits and pre-tax benefits for early child care. These benefits go disproportionately to higher-income families.

♦ Taken in the aggregate, federal and state funding does not significantly close the gap in access to high quality early care and education programs that exists between higher income and lower income families. The combination of federal and state Head Start funding for Rhode Island children is sufficient to serve only 40% of those eligible. Low-income families are often unable to access the highest quality child care programs, due to a combination of factors including insufficient income to pay higher fees, lack of transportation, and/or reliance on subsidies which do not meet the cost of providing the service.

♦ The combination of heavy reliance on parent fees and the inadequacy of public and private investments, results in an underfunded early care and education system. A 1990 study compared parents' average expenditure on preschool with the estimated real cost of meeting quality standards in class size, child/staff ratios, and teacher training and compensation. The study found that the average family would have to double its current out-of-pocket expenditure per child to support adequate quality in preschool programs for children enrolled. Although more affluent parents might be able to pay higher fees, lower- and middle-income parents would find it prohibitive.

♦ To establish an effective early care and education system, additional investments in quality programs are needed. Strategies are needed that increase access to high quality programs for all children, with special attention to addressing the gap in access between higher- and lower-income families. Resources need to be devoted to create incentives for quality improvements.

RHODE ISLAND RESOURCES

The following are some of the Rhode Island organizations committed to promoting quality child care.

PERMANENT LEGISLATIVE COMMISSION ON CHILD CARE, established in 1989, is a 25-member commission comprised of early child care professionals, child care providers, and representatives from departments of state government working on child care issues. The commission works to make child care affordable, accessible and of the highest quality. The commission is chaired by Representative Nancy Benoit. For more information call Barbara Fuller at 401-277-2457.

OPTIONS FOR WORKING PARENTS is a non-profit program of the Greater Providence Chamber of Commerce. They provide a statewide, full-service resource and referral child care program. For more information call 401-272-7510.

RHODE ISLAND CHILD CARE TRAINING SYSTEM (RICCTS) conducts professional development programs relating to the profession of child care and supports the quality of early care and education. RICCTS is a statewide program administered through Children's Friend and Service. For more information call 401-729-0765.

RI QUALITY CHILD CARE 2000 and **RI CHAPTER OF THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN** work to improve the quality of early child care and education through accreditation and parent education. For more information call 401-729-0765 (Quality 2000) and 401-683-1303 (NAEYC).

THE PUBLIC POLICY COALITION FOR CHILD CARE addresses child care and the importance of its role in the lives of children and families through analyzing legislation and public policy as it relates to the quality, affordability, and availability of child care services. For more information call Alexandra Moser at 401-274-3094.

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Elizabeth Burke Bryant,
Executive Director
Elizabeth Melendez,
Administrative Assistant
Ann-Marie Harrington,
Research Analyst

Issue Brief Editors

Ann-Marie Harrington
Catherine Boisvert Walsh
Elizabeth Burke Bryant

RHODE ISLAND KIDS COUNT
70 Elm Street
Providence, RI 02903
Phone: 401-351-9400
Fax: 401-351-1758
E-Mail: HN3170@handsnet.org
rikids@rikidscount.org
Website: www.rikidscount.org

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